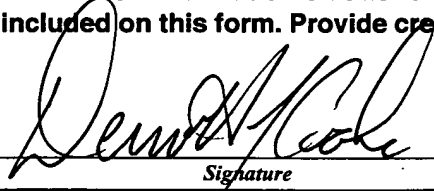
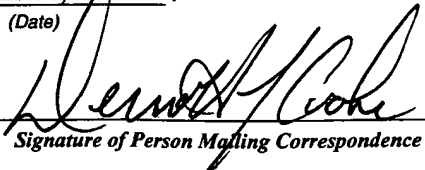


370/AS

<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>				Docket No. <b>14641Z (ETH-1559CONT)</b>	
Applicant(s): <b>Parris S. Wellman et al.</b>					
Application No. <b>10/615,152</b>	Filing Date <b>July 8, 2003</b>	Examiner <b>Michael F. Peffley</b>	Customer No. <b>23389</b>	Group Art Unit <b>3739</b>	Confirmation No. <b>8263</b>
Invention: <b>SURGICAL DEVICE FOR CLAMPING, LIGATING, AND SEVERING TISSUE</b>					
<b>COMMISSIONER FOR PATENTS:</b>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	13 -	20 =	0	x \$50.00	\$0.00
INDEP. CLAIMS	2 -	3 =	0	x \$200.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>
<div style="display: flex; flex-direction: row-reverse;"><div style="width: 50%;"><input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account <b>19-1013/SSMP</b> <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.</div><div style="width: 50%;"><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></div></div>					
 Signature			Dated: <b>December 5, 2005</b>		
<b>Dermott J. Cooke</b> Reg. No. 41,685 <b>SCULLY, SCOTT, MURPHY &amp; PRESSER</b> 400 Garden City Plaza, Ste. 300 Garden City, NY 11530 (516) 742-4343 DJC:jam			<div>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on <b>December 5, 2005</b> (Date)  Signature of Person Mailing Correspondence <b>Dermott J. Cooke</b> Typed or Printed Name of Person Mailing Correspondence</div>		
cc:					

Corres. and Mail  
**BOX AF**



**RESPONSE UNDER 37 C.F.R.  
§1.116 EXPEDITED PROCEDURE  
EXAMINING GROUP 3739**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

<b>Applicants:</b>	Parris S. Wellman, et al.	<b>Examiner:</b>	Michael F. Peffley
<b>Serial No:</b>	10/615,152	<b>Art Unit:</b>	3739
<b>Filed:</b>	July 8, 2003	<b>Docket:</b>	14641Z (ETH-1559CONT)
<b>For:</b>	SURGICAL DEVICE FOR CLAMPING, LIGATING, AND SEVERING TISSUE	<b>Dated:</b>	December 5, 2005
<b>Conf. No.:</b>	8263		

Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**AMENDMENT UNDER 37 C.F.R. §1.116**

Sir:

This Amendment is filed in reply to the Office Action mailed September 28, 2005. Entry and consideration of the Amendment is respectfully requested.

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**CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)**

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on December 5, 2005.

Dated: December 5, 2005

  
Dermott J. Cooke